732030

(Requestor's Name)							
(Address)							
(Address)							
(1831305)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Octanica coopies Octanicates of Otatus							
Special Instructions to Filing Officer:							





600310429426

03/15/18--01018--004 **35.00

2010 min 15 FF 2: 26

C GOLDEN MAR 1 6 2018

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: FRATERNAL URDER OF EAGLES BRANDON AGRIE \$3566, INC. Name of Corporation
DOCUMENT NUMBER: 732030
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
EDWARD T. WALLACE Name of Contact Person
FRATERNAL ORDER OF EAGLES AERIG 3566 Firm/Company
1810 FRONT ST. Address
Address
VALRICO FL 33594-7411 City/State and Zip Code
City/State and Zip Code
SECEW 3566 @ YAHOO. Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
EDWARD WALLACE 781, 718-0812
Name of Contact Person at (781) 718-0812 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

		a corporation organ tered office or regist				
1. The name of the	corporation: _	RATERNAL C	DADER OF E	FAGUES	BRANDON	ACRIE # 356
		810 FRONT				
	V	ALRICO FL	33594	··-		
3. The mailing add	lress (if different):	P.O. Box	411		<u></u>	
		VALRICO 1				
4. Date of incorpor	ration/qualification	n:	Досшпет	nt number:	732030	
	nent of State: (If re	e current registered a signed, enter resign	ed)		file with the	
_	WENDELL	Ricé	Resid	SNED		
	2231 MiRA	AMONT CIR				21
_	Valeica	FL 335	94			c. A 6102
_	VALLERO	7- 000	<u>' </u>	·		;
The name and si (if changed):	treet address of the	e new registered age	ent (if changed) a	and /or registe	red office	<u>ن</u> ت '
_		RD T. WA				. · · · · · · · · · · · · · · · · · · ·
	6377	ISLANNY ST			;	26
		P.OlBox NO	l'acceptable			
_	BRANDO	N. FL 3.	3511			
The street address as changed will be	of its registered of identical.	office and the street	address of the b	ousiness offic	e of its registe	ered agent,
Such change was authorized by the	authorized by reso board, or the corp	plution duly adopted pration has been no	d by its board of otified in writing	directors or gof the chang	by an officer s se.	60
Signature	if an other of director		Pn	nted or typed nam	e and title	
l further agree to c performance of my agent. Or. if this i	comply with the p y duties, and I am document is being	registered agent an rovisions of all stat familiar with and a filed merely to refl has been notified i	utes relative to accept the obliga- lect a change in	the proper ar ation of my p the registere	id complete osition as regi	stered ss, I
Soward	1. Walla			6 MAR.	2018	
Signati	ure of Registered Agent			Date		
If signing on beha	If of an entity:					
Tyrus	d or Printed Name					

* * * FILING FEE: \$35.00 * * *